

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>JHR</i>	GMP	9/23/00
O.I.P.E. CLASSIFIER		49	9/23/00
FORMALITY REVIEW		11022	10-21-00
RESPONSE FORMALITY REVIEW		1102ER	5-2-01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	
Original	
1	11/14/00
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Claim	Date
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If more than 150 claims or 10 actions  
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